

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000029528

Entity Name: D.L.E. FLORIDA INVESTMENTS, LLC**Current Principal Place of Business:**2085 N UNIVERSITY DRIVE
AT LANDRICH RE
SUNRISE, FL 33322**Current Mailing Address:**2085 N UNIVERSITY DRIVE
AT LANDRICH RE
SUNRISE, FL 33322 US**FEI Number:** 90-0589546**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHTRULL, IZAK
2085 N UNIVERSITY DRIVE
AT LANDRICH RE
SUNRISE, FL 33322 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGRM
Name	LICHTER, DAN
Address	2085 N UNIVERSITY DRIVE
City-State-Zip:	SUNRISE FL 33322

Title	MGRM
Name	ADAN, OMER
Address	2051 N UNIVERSITY DRIVE
City-State-Zip:	SUNRISE FL 33322

Title	MGRM
Name	PAZ, NIZAN
Address	2085 N UNIVERSITY DRIVE
City-State-Zip:	SUNRISE FL 33322

Title	MGRM
Name	KARSILOVSKI, ILAN
Address	2085 N UNIVERSITY DRIVE
City-State-Zip:	SUNRISE FL 33322

Title	N/A
Name	N/A, N/A
Address	N/A
City-State-Zip:	N/A FL 00000

Title	N/A
Name	N/A, N/A
Address	N/A
City-State-Zip:	N/A FL 00000

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: OMER ADAN

MGRM

02/16/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date